

Comparative Evaluation of Porosity in Heat Cure Denture Base Resins Polymerized by Different Methods: An In-Vitro Study

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Abstract

Aim: The purpose of this study was to evaluate the porosity in conventional, microwave and injection moulded heat cured acrylic resins processed by water bath, microwave and injector system respectively using a photographic method and the effect of various factors like materials and thickness of the sample on increasing or decreasing the porosity.

Material and methods: A total of 60 samples were made; they were divided into three Groups: Group A - Conventional heat cure, polymerized by Water Bath (C),

Group B – Microwave cure, polymerized by Microwave Energy (M) and Group C – Injection moulded, polymerized by water bath (I). All the samples were viewed under Optical Microscope. The numbers of pores and area of pores (%porosity) was calculated using the digital image analysis software attached to the microscope and statistically analyzed cured acrylic resin. It was concluded that the Injection moulded Acrylic Resin samples polymerized in a water bath (Group C) exhibited least porosity when compared to Conventionally cured

acrylic resin (Group A) samples and Microwave cured acrylic resin (Group B).

Keywords: Injection moulded acrylic resin, Microwave curing

Introduction

Conventional acrylic resins have their own shortcomings such as dimensional instability, residual monomer content, porosity, weak strength, water absorption, and colour instability. It can be concluded that though acrylic resin is the most popular and widely used denture base material for over 60 years and it is still not the ideal one⁶¹.

In microwave processing of denture the monomer used is Methylmethacrylate (MMA), which is a polar liquid at room temperature. According to Saunders the advantages of microwave processing of denture base over the conventional processing are reduced curing time, less cumbersome equipment, a cleaner method of processing, shortened dough-forming time, more homogeneous resin dough, and a denture base with superior adaptation to the dental cast⁵⁵.

Most of the physical properties of the denture resin cured by injection moulded and microwave energy are proved to be as favourable as those of resin cured by the conventional heat method but the presence of moderate to severe porosity is encountered which is of great concern. The porosity in acrylic resins continues to be one of the undesirable and a complex phenomenon of multifactorial origin. Porosity can severely weaken acrylic resin prosthesis and can also result in high internal stresses and vulnerability of denture base to distortion and warpage⁷³. So, maximum efforts should be made to minimise the porosity in the processed dentures.

The present study was planned to evaluate the porosity in conventional, microwave and injection moulded heat cured acrylic resins processed by water bath, microwave and injector system respectively using a photographic

method and the effect of various factors like materials and thickness of the sample on increasing or decreasing the porosity.

Methodology

The present study was conducted in vitro in the Department of Prosthodontics, Maharaja Ganga Singh Dental College and Research Center, Sriganganagar. Sixty wax samples polymerized by Conventional, Microwave and Injection moulded heat cure resins were selected to study porosity. Two rectangle shaped moulds with 10mm width, 40mm length with varying thickness 3 mm and 6 mm with cover lid was customized. The bottom plate of the metal mold was lubricated with petroleum jelly. Modelling wax was then melted at 65°C[@] in steel bowl and poured into the metal molds to obtain 60 wax sample blocks of 10mm x 40mm x 3mm and 6mm thickness (30 each). The wax sample blocks were divided into 3 study groups which were designated as A, B and C having 20 samples each.

- **Group A** - Conventional heat cure, polymerized by Water Bath (C)
- **Group B** - Microwave cure, polymerized by Microwave Energy (M)
- **Group C** - Injection moulded cure, polymerized by water bath under constant pressure. (I) Each study group was further divided into 2 subgroups with substitutes each comprising of 10 samples of 3 mm and 6 mm thickness (e.g. C₃ and C₆) respectively as shown in the table below:

Group A (C) sample blocks were invested using dental stone matrix in the brass dental flask which was lubricated with petroleum jelly. **Group B (M)** sample blocks were invested using dental stone matrix in the Microwaveable flask which was lubricated with petroleum jelly. **Group C (I)** sample blocks were invested in dental stone matrix in

the injection moulded flask which was lubricated with petroleum jelly.

Group A (C):- The brass flask was placed in boiling water for 4 minutes in dewaxing unit to soften the wax. **Group B (M):-** The microwaveable flask was placed in a microwave oven with a High power setting for 1 minute to soften the wax. **Group C(I) :-** The injection moulded flask placed in water at 90⁰ C for 5 minutes to soften the wax.

Group A (C) :- The Heat Cured acrylic resin was mixed in polymer: monomer ratio of 3:1 by volume in acrylic mixing jar . **Group B (M):-** The microwaveable acrylic resin was mixed in an acrylic mixing jar in the dosage of 9.0 ml of the monomer and 15g of polymer, using a plastic spatula. **Group C(I) :-** The injectable acrylic resin was mixed in capsule in the dosage of 20 ml monomer and 30gm of polymer, using a plastic spatula for 20 seconds.

Group A (C): The flasks were immersed in cold water in an acrylizer and were processed using the polymerization cycle of 74°C for 2 hours followed by 1 hour of terminal

boiling at 100⁰ C. **Group B (M):** The flasks were transferred to the microwave oven and were processed using the polymerization cycle recommended by the manufacturer **Group C(I) :** The flasks were placed in water bath at boiling temperature and processed for 35 minutes under constant pressure of 6 bars.⁹

- The samples were then finished. Each sample was then labeled with lecron’s carver to indicate the test groups for identification. Each sample was further cut into 2 cross - sections S1, and S2. The photomicrographs were captured with the camera attached within the optical microscope and were evaluated for the surface porosity with image analysis software.

Result

The findings of all the three groups were recorded, tabulated and statistically analyzed using SPSS version 22. Tests performed are Descriptives, Paired T test for intra group comparison, one way ANOVA with post hoc test for inter group comparison.

Table 1: Number of pores according to the groups compared

Group	Sub - Group	N	Minimum	Maximum	Mean	Standard Deviation
A (Conventional)	C3	10	1.00	3.00	1.7500	.82496
	C6	10	1.00	2.50	1.8000	.53748
B (Microwave)	M3	10	1.00	2.00	1.5500	.36893
	M6	10	1.00	3.00	2.0250	.58274
C (Injectable)	I3	10	.50	1.00	.8000	.25820
	I6	10	.50	1.00	.9000	.21082

Graph 1: Number of pores according to the groups compared

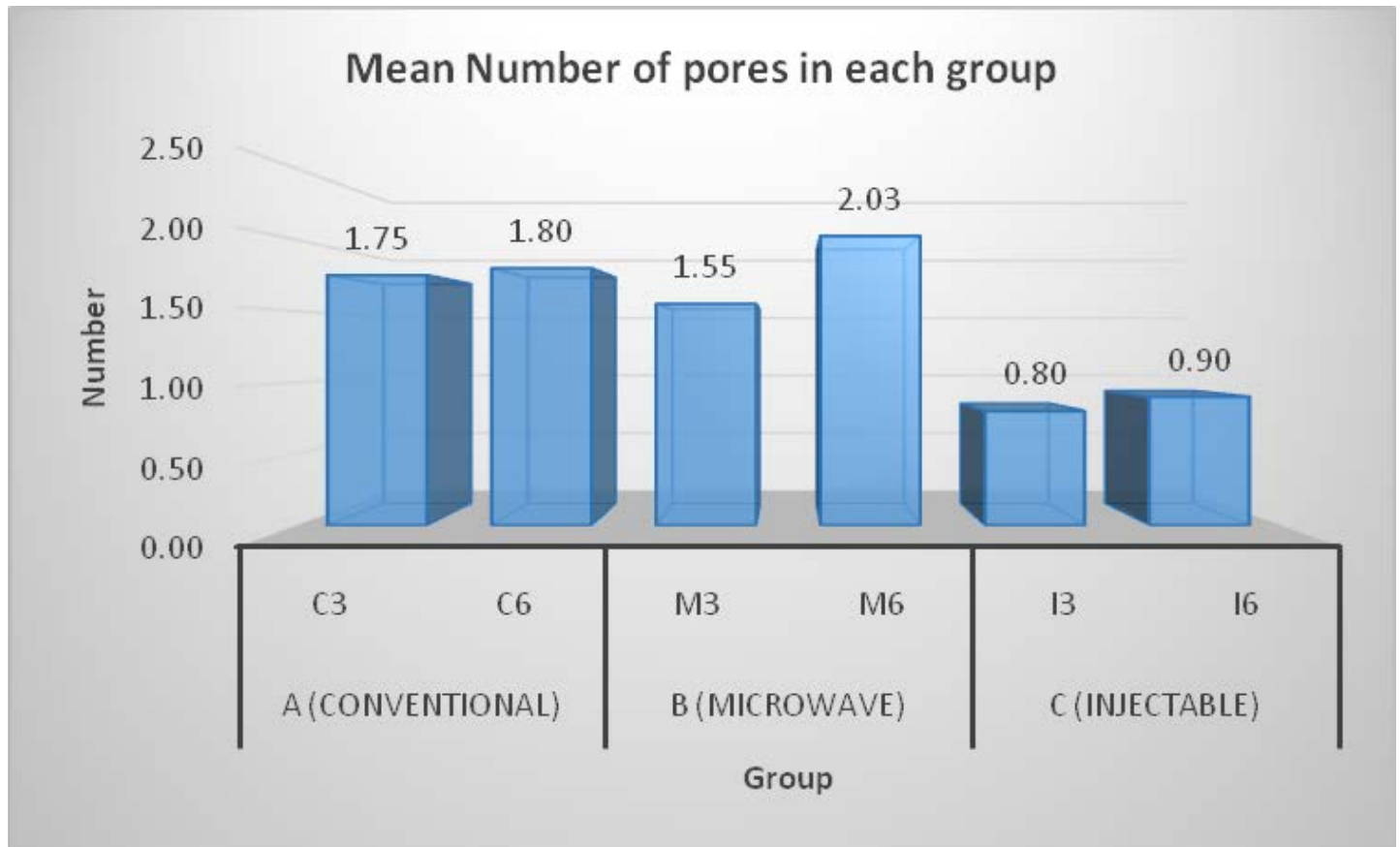


Table 1 and Graph 1 shows distribution of mean and SD values of mean number of pores in Groups A,B and C under study. It can be noted that the mean readings of number of pores in Group A : C₃-1.7500 (SD= 0.8496) &

C₆ - 1.8000 (SD=0.53784), Group B : M₃ - 1.5500(SD = 0.36893) & M₆ -2.0250 (SD = 0.58274) and I₃ – 0.8000 (SD = 0.25820) & I₆– 0.9000 (SD = 0.21082).

Table 2: Individual comparison of number of pores in each sub group with each other using Post Hoc Test

(I) Sub Group		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
C3	C6	-.05000	.22776	.827	-.5066	.4066
	M3	.20000	.22776	.384	-.2566	.6566
	M6	-.27500	.22776	.233	-.7316	.1816
	I3	.95000*	.22776	.000	.4934	1.4066
	I6	.85000*	.22776	.000	.3934	1.3066
C6	C3	.05000	.22776	.827	-.4066	.5066
	M3	.25000	.22776	.277	-.2066	.7066
	M6	-.22500	.22776	.328	-.6816	.2316
	I3	1.00000*	.22776	.000	.5434	1.4566
	I6	.90000*	.22776	.000	.4434	1.3566

M3	C3	-.20000	.22776	.384	-.6566	.2566
	C6	-.25000	.22776	.277	-.7066	.2066
	M6	-.47500*	.22776	.042	-.9316	-.0184
	I3	.75000*	.22776	.002	.2934	1.2066
	I6	.65000*	.22776	.006	.1934	1.1066
M6	C3	.27500	.22776	.233	-.1816	.7316
	C6	.22500	.22776	.328	-.2316	.6816
	M3	.47500*	.22776	.042	.0184	.9316
	I3	1.22500*	.22776	.000	.7684	1.6816
	I6	1.12500*	.22776	.000	.6684	1.5816
I3	C3	-.95000*	.22776	.000	-1.4066	-.4934
	C6	1.00000*	.22776	.000	-1.4566	-.5434
	M3	-.75000*	.22776	.002	-1.2066	-.2934
	M6	1.22500*	.22776	.000	-1.6816	-.7684
	I6	-.10000	.22776	.662	-.5566	.3566
I6	C3	-.85000*	.22776	.000	-1.3066	-.3934
	C6	-.90000*	.22776	.000	-1.3566	-.4434
	M3	-.65000*	.22776	.006	-1.1066	-.1934
	M6	1.12500*	.22776	.000	-1.5816	-.6684
	I3	.10000	.22776	.662	-.3566	.5566

*. The mean difference is significant at the 0.05 level.

Table 2 shows p value of number of pores with respect to each subgroup with each other. C₃ in comparison to - C₆ p

value is 0.827, M₃ p value is 0.384, M₆ p value is 0.233, I₃ and I₆ p value is 0.000.

Table 3: Descriptives of number of pores in each group

Group	N	Minimum	Maximum	Mean	Std. Deviation
A	20	1.00	3.00	1.78	0.68
B	20	1.00	3.00	1.79	0.53
C	20	.50	1.00	0.85	0.24

Graph 2: Descriptives of number of pores in each group

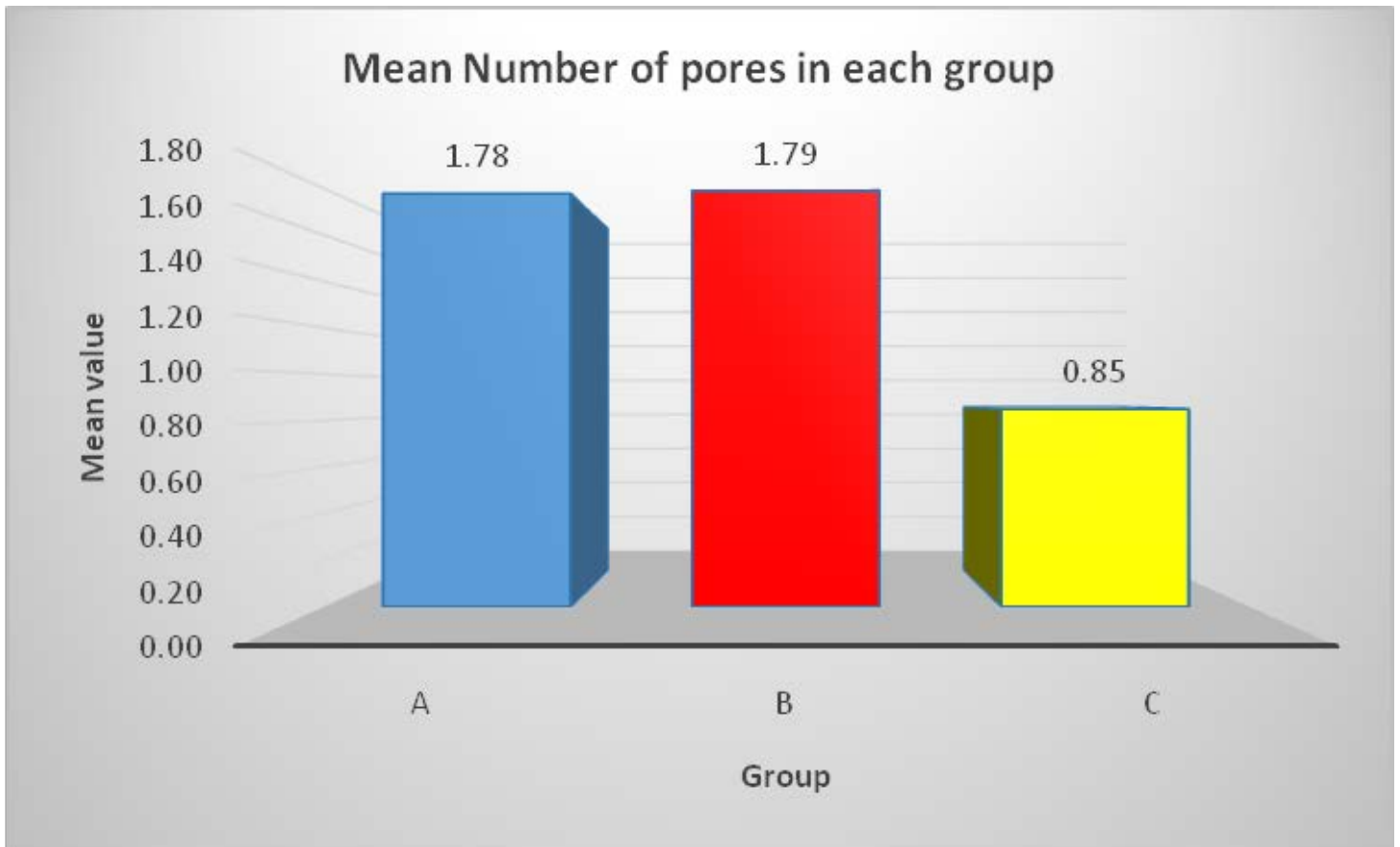


Table 3 and Graph 2 shows distribution of mean and SD values of mean number of pores in Groups A, B and C under study. It can be noted that the mean readings of

Table 4: Individual comparison of number of pores in each group with each other using Post Hoc Test

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
A	B	-.01250	.16328	.939	-.3395	.3145
	C	.92500*	.16328	.000	.5980	1.2520
B	A	.01250	.16328	.939	-.3145	.3395
	C	.93750*	.16328	.000	.6105	1.2645
C	A	-.92500*	.16328	.000	-1.2520	-.5980
	B	-.93750*	.16328	.000	-1.2645	-.6105

*. The mean difference is significant at the 0.05 level.

Graph 3: Individual comparison of number of pores in each group with each other using Post Hoc test

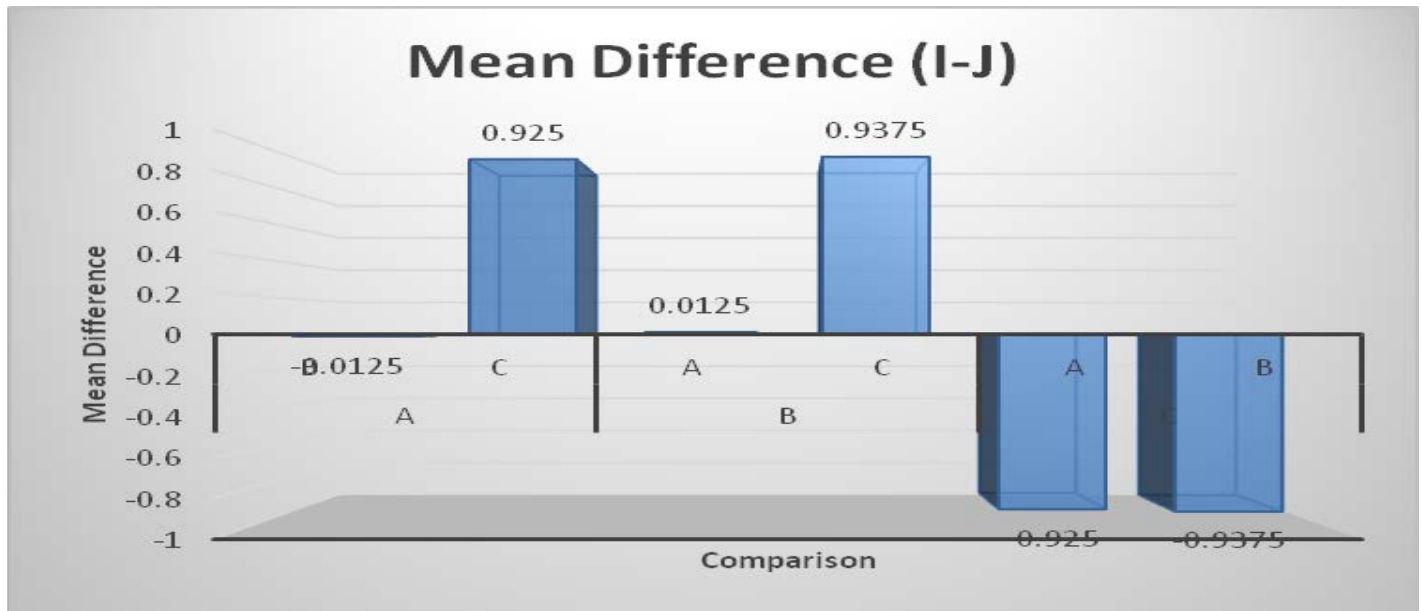


Table 4 and Graph 3 shows mean and p value of number of pores in each group with each other groups. Group A in comparison to Group B p value is 0.939 and Group C p value is 0.000.

Inference: There are statistically highly significant differences present between the various groups compared.

Table 5: Intra group comparisons (Between Sub Groups) – number of pores

Group	Sub Group	N	Mean	Std. Deviation	Std. Error Mean	Sig
A	3	10	2.0250	.58274	.18428	0.401 NS
	6	10	1.7500	.82496	.26087	
B	3	10	1.8000	.53748	.16997	0.038*
	6	10	1.3500	.33747	.10672	
C	3	10	.9000	.21082	.06667	0.355 NS
	6	10	.8000	.25820	.08165	

NS – Not significant ($P > 0.05$), * - Statistically Significant ($P < 0.05$)

Graph 4: Intra group comparisons (Between Sub Groups) – number of pores

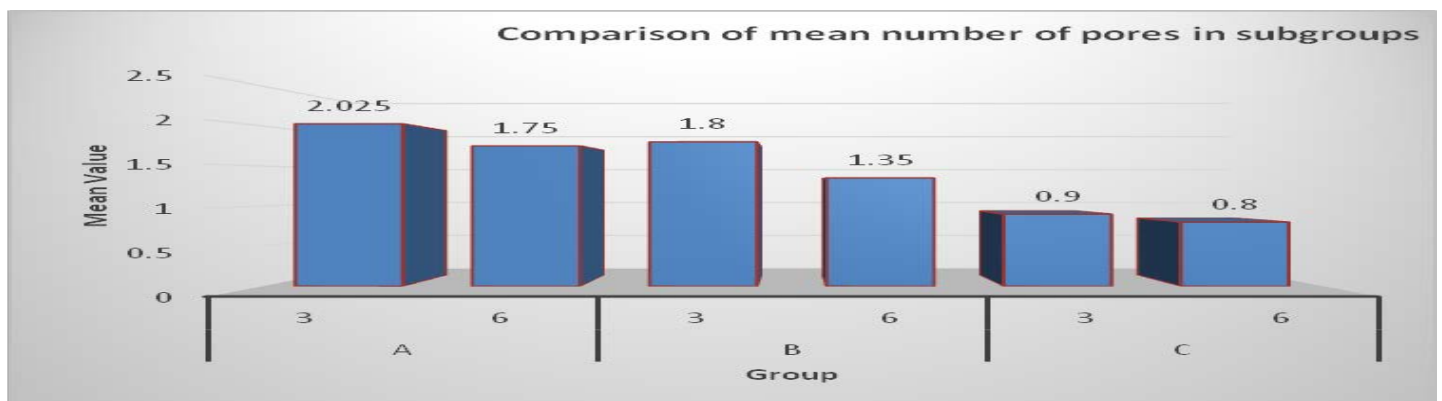


Table 5: Intra group comparisons (Between Sub Groups) – area of pores

is 0.401, Group B p value is 0.038 and Group C p value is 0.0038.

Table 5 and Graph 4 shows mean and p value of number of pores in each subgroups 3 and 6mm. Group A p value

Table 6: Area of pores according to the study groups compared

Group	Sub - Group	N	Minimum	Maximum	Mean	Std. Deviation
A (Conventional)	C3	10	.037	.398	.134	.103
	C6	10	.025	.907	.292	.236
B (Microwave)	M3	10	.037	.244	.158	.080
	M6	10	.133	1.367	.423	.431
C (Injectable)	I3	10	.038	.133	.095	.030
	I6	10	.023	.103	.047	.032

Graph 5 :Area of pores according to the study groups compared

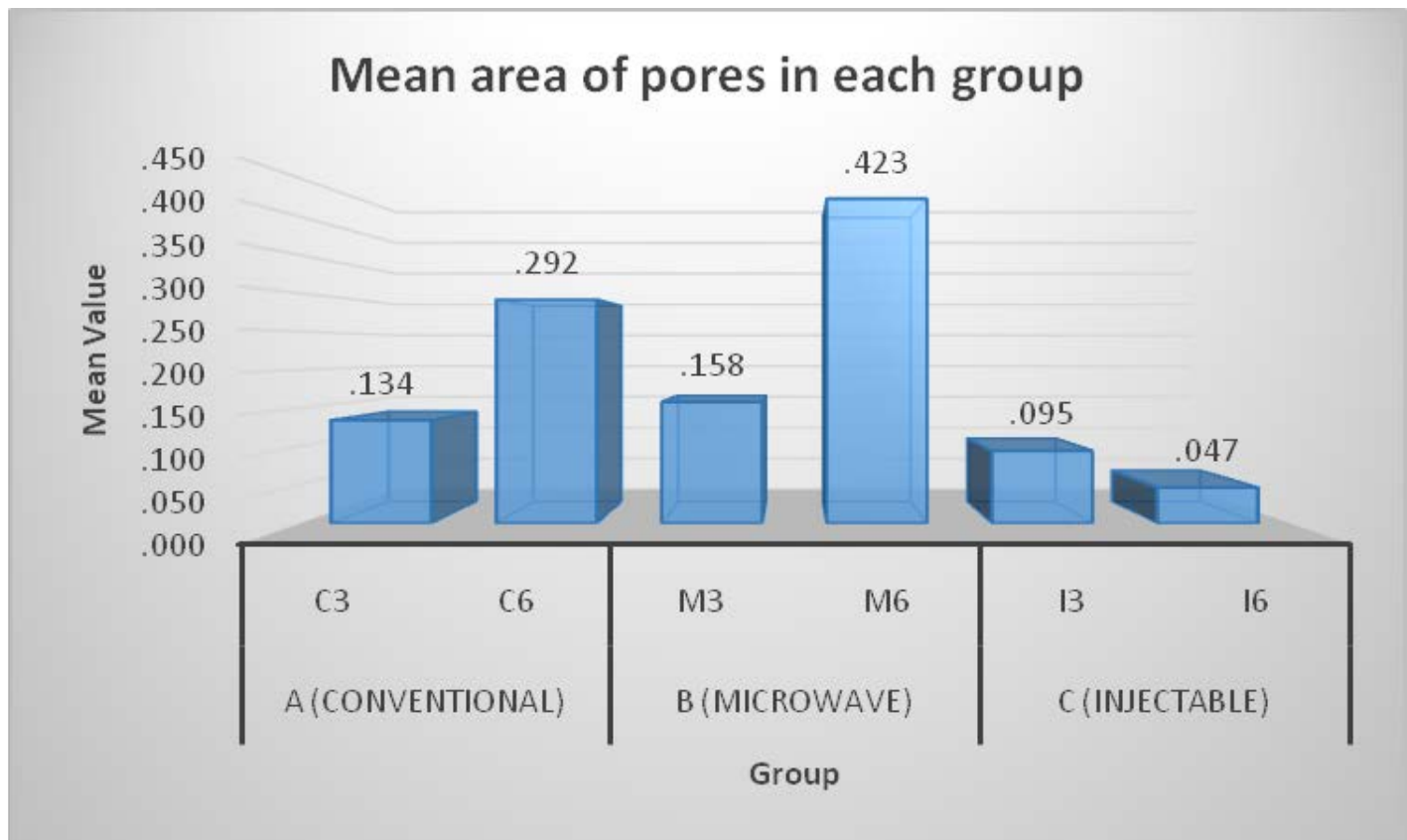


Table 6 and Graph 5 shows distribution of mean and SD values of mean area of pores in Groups A,B and C under study. It can be noted that the mean readings of area of pores in Group A : C₃ -0.134 (SD= 0.103) & C₆ – 0.292

(SD=0.236), Group B : M₃ – 0.158(SD = 0.080) & M₆ - 0.423 (SD = 0.431) and I₃ – 0.95 (SD = 0.030) & I₆ – 0.047 (SD = 0.032).

Table 7: Individual comparison of Area of pores in each sub group with each other using Post Hoc Test

(I) SubGroup		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
C3	C6	-.157300	.093172	.097	-.34410	.02950
	M3	-.023950	.093172	.798	-.21075	.16285
	M6	.28855	.093172	.003	-.47535	-.10175
	I3	.039750	.093172	.671	-.14705	.22655
	I6	.087500	.093172	.352	-.09930	.27430
C6	C3	.157300	.093172	.097	-.02950	.34410
	M3	.133350	.093172	.158	-.05345	.32015
	M6	-.131250	.093172	.165	-.31805	.05555
	I3	.197050*	.093172	.039	.01025	.38385
	I6	.244800*	.093172	.011	.05800	.43160
M3	C3	.023950	.093172	.798	-.16285	.21075
	C6	-.133350	.093172	.158	-.32015	.05345
	M6	-.264600*	.093172	.006	-.45140	-.07780
	I3	.063700	.093172	.497	-.12310	.25050
	I6	.111450	.093172	.237	-.07535	.29825
M6	C3	.288550*	.093172	.003	.10175	.47535
	C6	.131250	.093172	.165	-.05555	.31805
	M3	.264600*	.093172	.006	.07780	.45140
	I3	.328300*	.093172	.001	.14150	.51510
	I6	.376050*	.093172	.000	.18925	.56285
I3	C3	-.039750	.093172	.671	-.22655	.14705
	C6	-.197050*	.093172	.039	-.38385	-.01025
	M3	-.063700	.093172	.497	-.25050	.12310
	M6	-.328300*	.093172	.001	-.51510	-.14150
	I6	.047750	.093172	.610	-.13905	.23455
I6	C3	-.087500	.093172	.352	-.27430	.09930
	C6	-.244800*	.093172	.011	-.43160	-.05800
	M3	-.111450	.093172	.237	-.29825	.07535
	M6	-.376050*	.093172	.000	-.56285	-.18925
	I3	-.047750	.093172	.610	-.23455	.13905

*. The mean difference is significant at the 0.05 level.

Table 7 shows p value of area of pores with respect to each subgroup with each other. C₃ in comparison to - C₆ p

value is 0.97, M₃ p value is 0.798, M₆ p value is 0.003, I₃ p value is 0.671 and I₆ p value is 0.352.

Table 8 : Descriptives of Area of pores in each group

Group	N	Minimum	Maximum	Mean	Std. Deviation
A	20	.025	.907	.213	.195
B	20	.037	1.367	.291	.331
C	20	0.023	0.133	.071	.039

Graph 6: Descriptives of Area of pores in each group

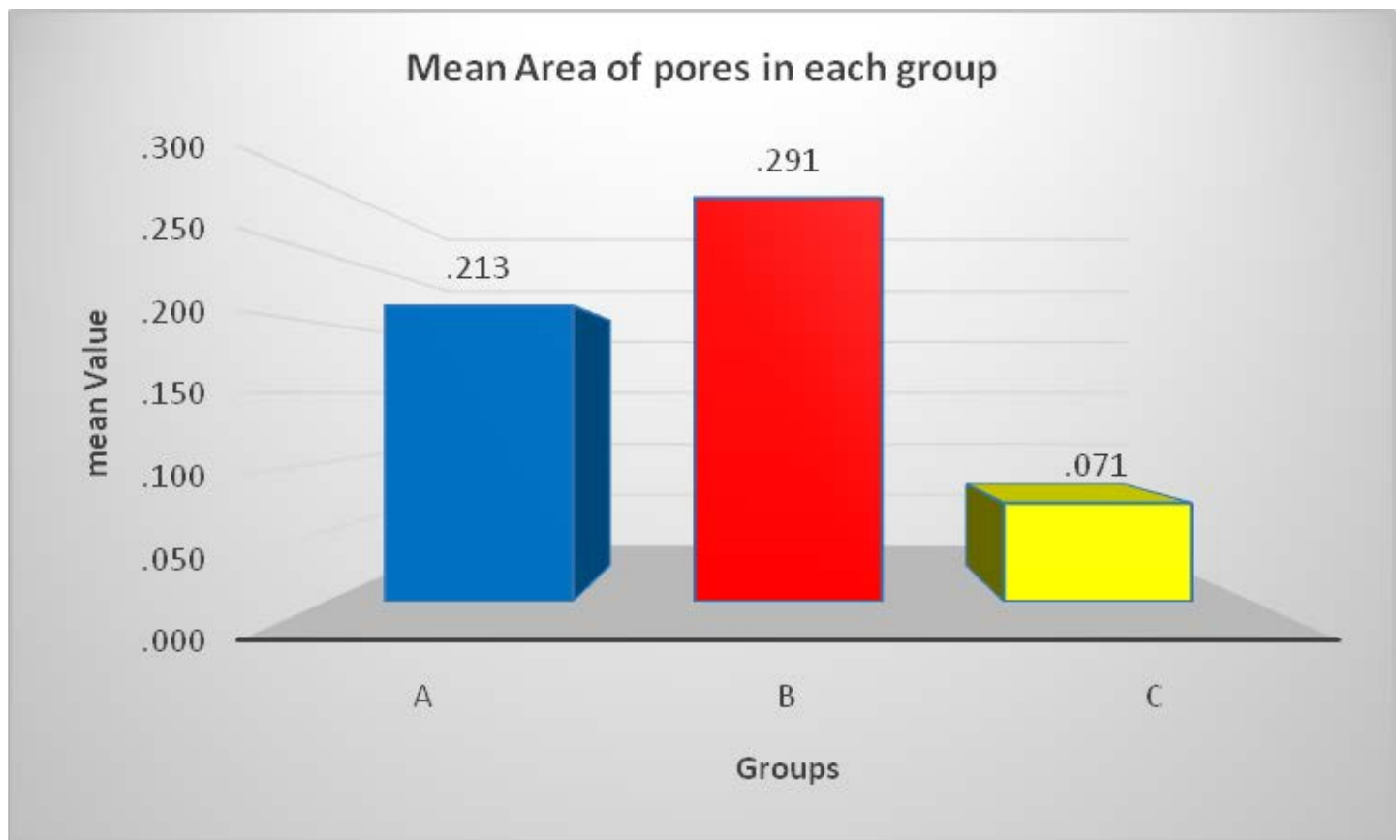


Table 8 and Graph 6 shows distribution of mean and SD values of mean area of pores in Groups A, B and C under study. It can be noted that the mean readings of number of

pores in Group A – 0.213(SD =0.195), Group B – 0.291(SD=0.331) and Group C – 0.071(SD=0.039).

Table 9: Individual comparison of area of pores in each group with each other using Post Hoc Test

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
A	B	-.077600	.070450	.275	-.21867	.06347
	C	.142275*	.070450	.048	.00120	.28335
B	A	.077600	.070450	.275	-.06347	.21867

	C	.219875*	.070450	.003	.07880	.36095
C	A	-.142275*	.070450	.048	-.28335	-.00120
	B	-.219875*	.070450	.003	-.36095	-.07880

*. The mean difference is significant at the 0.05 level.

NS – Not significant (P>0.05), * - Statistically Significant

(P<0.05)

Graph 7: Individual comparison of area of pores in each group with each other using Post Hoc Test.

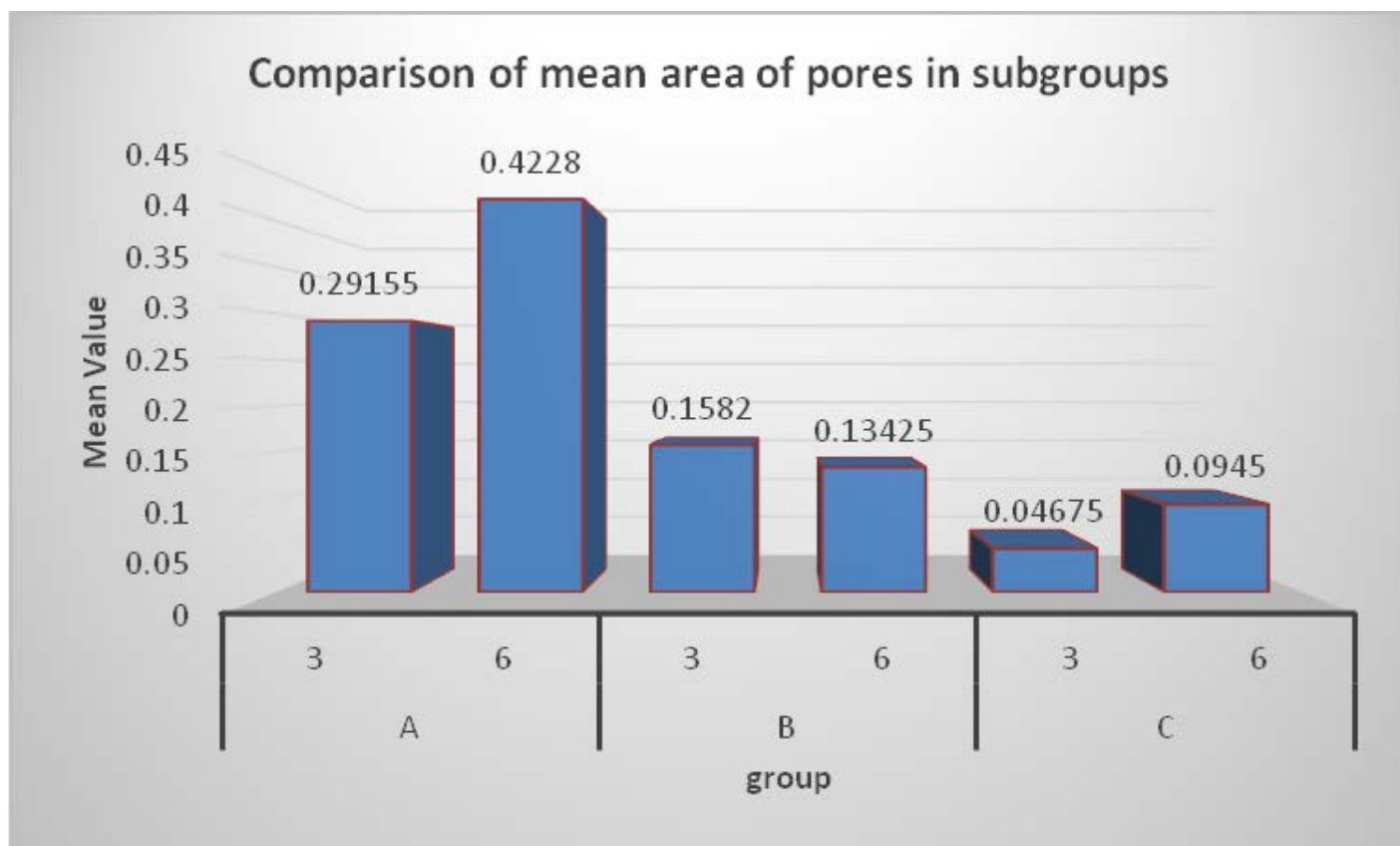


Table 9 and Graph 7 shows mean and p value of area of pores in each group with each other groups. Group A in comparison to Group B p value is 0.275 and Group C p value is 0.048. Group B in comparison to Group C 0.003.

Inference: There are statistically highly significant differences present between the various groups compared.

It is observed that number and area of pores $I_3 < I_6 < C_3 < M_3 < C_6 < M_6$

Discussion

The most popular denture base acrylic resin in use is heat cured poly (methyl-methacrylate) (PMMA). Virtually all complete dentures are constructed from this material using

the conventional polymer/monomer dough moulding technique and cured using a water bath system. Heat curing, chemical curing by pouring technique, light curing, microwave curing and injection moulded curing by pressure/heat resin have been extensively studied for denture base processing.

In previous studies, conducted by Phillip W Wallace⁷⁰, L..Smith⁵⁶, C.P. Lai³⁸ most of the physical properties such as dimensional accuracy, Transverse strength, Modulus of Elasticity, Izod Impact Strength, hardness, flexural strength, solubility of denture base resins polymerized with microwave energy and conventional

method were comparable. Yunus N⁷⁰ found that among the denture processing methods, injection moulding has always been interesting for researchers because of compensation of polymerization shrinkage due to pressure exerted by injection of the acrylic resin. Injection moulded technique was introduced by Pryor in 1942⁴⁷. In 1970, Ivoclar (Schaan, Liechtenstein) introduced an injection-molding system that used an acrylic resin modified for the injection-molding process²⁴. Acrylic dentures using injection moulding of acrylic resin reduce traumatic, toxic and allergic complications. Patients' comfort is guaranteed by the precise fit of the acrylic dentures as well as minimum level of residual monomer and easy maintenance²⁵.

So in this study Injection moulded heat cure resins was used as one of the best methods to put into use with improved all the physical properties. Microwave cured was used as one of the methods to put into use all the advantages of microwave processing. Also conventional heat cured acrylic resin was cured by conventional water bath method as it is one of the most common method of curing which is being used since many years in the field of dentistry.

Conclusion

Microwave cured acrylic resin (Group B) samples exhibited insignificant increase in porosity when compared to Conventionally cured acrylic resin (Group A) samples. Injection moulded Acrylic Resin samples polymerized in a water bath (Group C) exhibited least porosity when compared to Conventionally cured acrylic resin (Group A) samples and Microwave cured acrylic resin (Group B). There was no significant increase in porosity on increasing the thickness in Conventional (Group A), Microwave processed (Group B) and Injection moulded (Group C) acrylic resin samples. Microwave cured acrylic resin samples (Group B)

exhibited insignificant increase in number and area of pores when compared to Conventionally cured acrylic resin samples (Group A). Therefore, it is suggested that Injection moulded acrylic resin considered better material as compare to Microwave cured acrylic resin and Conventionally cured acrylic resin.

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